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|---|----------------------------------|---------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 20050/0200479-US0 | |
| Application No. 10/706,303-Conf. #5755 | Filing Date November 10, 2003 | Examiner K. M. Reichle | Art Unit 3761 | |

Applicant(s): Satoshi Mizutani et al.

Invention: INTERLABIAL PAD AND WRAPPING BODY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|---|---|-----------------------------------|----------|-------------|--|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 20 | - 20 = | 0 | x 52.00 | 0.00 | |
| Independent Claims | 2 | - 3 = | 0 | x 220.00 | 0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | |
| Other fee (please specify): | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 | |

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

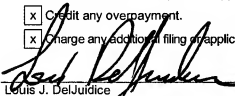
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Louis J. DeJurdice
Attorney/Agent Reg. No.: 47,522

DARBY & DARBY P.C.
P.O. Box 770
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Dated: January 7, 2009

| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2009 | | Complete if Known Application Number 10/706.303-Conf. #5755 Filing Date November 10, 2003 First Named Inventor Satoshi Mizutani Examiner Name K. M. Reichle Art Unit 3761 Attorney Docket No. 20050/0200479-US0 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00 | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|-----------------|---------------------------|----------|---------------|
| 20 | - 20 or HP | 0 | x 52.00 = 0.00 | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 2 | - 3 or HP | 0 | x 220.00 = 0.00 | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |

3. APPLICATION SIZE FEE

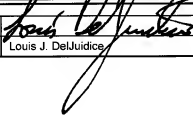
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge)

| | | | |
|---------------------|---|-----------------------------------|-----------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 47,522 |
| Name (Print/Type) | Louis J. DeJucide | Telephone | (212) 527-7700 |
| | | Date | January 7, 2009 |